**样本鉴认代码表**

项目名称：

研究中心： 广州医科大学附属妇女儿童医疗中心 主要研究者：

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| **样本编号** | **受试者ID号** | **姓名** | **性别** | **年龄** | **标本识别码**  **（样本原实验室编号）** | **标本类型** | **标本采集时间** | **临床诊断背景信息** |
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**研究者：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**